

Damaged Document(s)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. 140

Place of Birth Globe, Arizona County Gila No. 405 Euclid St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH <u>August 21, 1915</u> (Month) (Day) (Year)			
FULL NAME <u>Samuel W. Simpson Sr.</u>		FATHER	
FULL MAIDEN NAME <u>Angelita Garcia</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named Lillian Olivia Simpson
(Give name in full) (Surname)

Samuel W. Simpson Sr.
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

325 - 821-171

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Register No. 224

Place of Birth Globe Arizona No. _____ St.

(Registration district)

SEX OF CHILD	Twin* Triplet or other?	and	Number* in order of birth
DATE OF BIRTH <u>Aug 21, 1915</u> (Month) (Day) (Year)			
FULL NAME <u>Samuel W. Simpson</u>		FATHER	
FULL MAIDEN NAME <u>Angelita Garcia</u>		MOTHER	

I HEREBY CERTIFY that the child described herein has been named Lillian Olivia Simpson
(Give name in full) (Surname)

(Signature)

E. G. J. [Signature]
(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on 1st day of following month.

Sub Oct 7, 1915 12.3.34 W.W. 325-821-171